

# Dr Satnam Sodhi

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Satnam Sodhi on 31 October 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff were aware of their responsibilities relating to safeguarding children and vulnerable adults; however, the practice's safeguarding policy contained outdated information.
- Overall, risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes in some areas were low compared to the national average.
- The practice had carried-out full cycle audits which demonstrated quality improvement.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available, however, some of the information contained in the advertised complaints policy was outdated. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- They must ensure that their recruitment processes adequately mitigate risks to patients.

In addition, they should take the following action:

- Raise awareness with all staff of the business continuity plan.

- Regularly review all policies and check they contain up to date information.
- Monitor and continue to consider ways to improve the uptake of cervical screening.
- Take action to improve outcomes for patients with long-term conditions and to increase the uptake of childhood immunisations.
- Ensure that appropriate records are kept of appraisal meetings.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- Overall, risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, their safeguarding policy contained outdated information.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average in some areas, such as diabetes and atrial fibrillation.
- Clinical audits had been carried-out and these were used to drive improvement at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal in the past year; however, records of appraisals did not include an assessment of the staff member's performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice's scores were comparable to the CCG and national averages.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand; however, their complaints policy contained outdated information. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision and plans to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice's performance in relation to conditions commonly found in older people was comparable to local and national averages. For example, the percentage of patients with hypertension who had well controlled blood pressure was 80% compared to a CCG and national average of 83% (exception reporting rate was 2% compared to a CCG and national average of 4%).
- The practice met monthly with district nurses and the complex patient management group in order to discuss this patient group.
- An emergency bypass phone number was available for elderly patients to ensure that they could get through to the practice.

Good



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

- The practice's achievement in the management of long-term conditions was below average in some areas. For example, overall the practice achieved 63% of the total QOF points available for diabetes indicators, compared with an average of 89% locally and 90% nationally; however, they had introduced joint consultations with GPs and a specialist diabetes nurse in order to improve outcomes for patients in this group.
- The practice was an accredited Research Hub with the National Institute for Health Research, and recruited patients with longterm conditions for research and clinical trials when established treatment options had been exhausted.
- Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Requires improvement



# Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 67%, which was below CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided in-house post natal checks.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group; for example, the practice provided chlamydia screening and had exceeded the locally set target for screening 16-24 year olds.
- The practice offered minor surgery, which allowed patients to receive treatment without having to attend hospital.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was comparable to local and national averages. The practice had 9 patients diagnosed with dementia and 75% of these patients had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and national average of 84%. The practice's exception reporting rate for this indicator was 11% compared to the CCG and national average of 7%.
- The practice had 28 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses and 93% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 91% and national average of 89%. The practice had not excepted any patients for this indicator compared to the CCG average of 7% and national average of 13%.
- The practice had an in-house counsellor for both their own patients and those registered at other patients in the CCG.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and forty three survey forms were distributed and 112 were returned. This represented approximately 3% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 68% and national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, two patients commented that it could be difficult to get an appointment.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Dr Satnam Sodhi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Dr Satnam Sodhi

Dr Satnam Sodhi provides primary medical services from Wembley Centre for Health and Care in Brent to approximately 3,300 patients and is part of Brent Clinical Commissioning Group.

The practice population is in the fifth most deprived decile in England. The percentage of children registered at the practice who are living in income deprived households is 16%, which is lower than the CCG average of 27%. The percentage of older people registered at the practice who live in income deprived households is 30%, which is similar to the CCG average of 27%. The practice has a higher than average proportion of patients aged between 20 and 39 years and a lower proportion aged 40 years and older.

Dr S M Sodhi operates as a single handed male GP. One male and one female long-term locum GPs also work at the practice. In total 22 GP sessions are provided per week. The practice has one female nurse. The practice team also consists of a practice manager, receptionist and two administrative assistants.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:30am and 6:30pm every weekday apart from Wednesdays when they close at 1pm. Appointments are from 9am to 11am and then from 4pm to 6pm daily apart from Wednesdays when there is no afternoon clinic. Extended hours appointments are offered from 6pm to 7:30pm on Tuesdays. In addition to appointments that can be booked in advance, urgent appointments are also available for people who needed them.

When the practice is closed patients are directed to the local out-of-hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; and surgical procedures.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 October 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse and non-clinical staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded a significant event where a patient had been prescribed an incorrect dose of medicines due to unclear instructions being received from a hospital consultant. The patient had subsequently become unwell and following review by the hospital consultant, the practice was notified about the error. The patient was subsequently contacted by the practice to explain what had happened and the incident was discussed in a clinical meeting to highlight the importance of querying unclear prescribing instructions.

### Overview of safety systems and processes

The systems, processes and practices in place to keep patients safe and safeguarded from abuse, required review:

- The arrangements in place to safeguard children and vulnerable adults from abuse did not always reflect relevant legislation and local requirements. The policies were accessible to all staff; however, the child protection policy was not signed and did not have a review date, and contained some outdated information. The GPs did not attend safeguarding meetings but provided reports where necessary for other agencies. Staff demonstrated

- they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice lead GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, storing, handling, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed six personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, we found that in the case of the

## Are services safe?

practice nurse, whilst the practice had viewed the DBS certificate from the nurse's previous employment (completed in November 2014), they had not taken action, in line with their policy, to assure themselves that the nurse continued to be safe to work with vulnerable people.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, not all staff were aware of the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available. The practice's overall exception reporting rate was 4% compared to a CCG average of 9% and national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators were below local and national averages. Overall the practice achieved 63% of the total QOF points available for diabetes indicators, compared with an average of 89% locally and 90% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 60%, which was below the CCG average of 80% and national average of 76%. The practice's exception reporting rate for this indicator was 5% compared to a CCG and national average of 9%. The proportion of diabetic patients with well controlled blood sugar level in the preceding 12 months was 60% compared to the CCG average of 76% and national average of 78%. The practice's exception reporting rate for this indicator was 4% compared to a CCG average of 12% and national average of 13%.

- The percentage of patients with hypertension who had well controlled blood pressure was 80% compared to a CCG and national average of 83% (exception reporting rate was 2% compared to a CCG and national average of 4%).
- The percentage of patients with atrial fibrillation who were treated with anti-coagulation drug therapy where this was clinically indicated was 67% compared with a CCG average of 82% and national average of 87%. The practice had not excepted any patients from this indicator compared to a CCG average rate of 17% and national average of 10%.
- Performance for mental health related indicators was comparable to local and national averages. The practice had 9 patients diagnosed with dementia and 75% of these patients had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and national average of 84%. The practice's exception reporting rate for this indicator was 11% compared to the CCG and national average of 7%.
- The practice had 28 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses and 93% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 91% and national average of 89%. The practice had not excepted any patients for this indicator compared to the CCG average of 7% and national average of 13%.

There was limited evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking and research.
- There had been five clinical audits completed in the last two years, two of which were full cycle audits where the impact of changes made following the initial audit had been measured. For example, the practice had completed an audit on the treatment of diabetes. The audit had found that there had been an improvement in the condition of 65% of patients who were prescribed certain medicines to treat diabetes. In order to improve this result, the practice had completed an action plan which included contacting relevant patients to ensure that they had a self-management plan, and reviewing patients who had not had a blood test in the preceding six months in order to ensure that their treatment was

# Are services effective?

## (for example, treatment is effective)

appropriate. The practice had repeated the audit and found that 76% of patients with diabetes who were prescribed these medicines had experienced an improvement in their condition.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Of the appraisal records we viewed, some did not include an assessment of the staff member's performance.
- Training for staff was provided in areas such as: safeguarding, fire safety awareness, information governance and basic life support.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a two-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 67%, which was below CCG average of 78% and the national average of 82%. The practice was aware that that uptake was low amongst their patients; in order to address this the practice nurse phoned patients the day before their screening appointment to remind them to attend. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The rate of uptake for breast screening was 71% compared to a CCG average of 64% and national average of 72%, and their uptake for bowel cancer screening was 47% compared to a CCG average of 45% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages but below national averages in some areas. Staff we spoke to told us that this could be due to patients coming from overseas who were unaware about the child immunisation programme. They

## Are services effective? (for example, treatment is effective)

told us that for children who have not received vaccinations they place an alerts on the system to prompt staff to speak to the parents about this when they attend the surgery. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 12% to 92% (CCG average range from 20% to 91%) and five year olds from 0% % to 89% (CCG average range from 4% to 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, two patients commented that it could be difficult to get an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that most patients felt they were treated with compassion, dignity and respect; however, there were some areas where they scored below average. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended locality meetings monthly and had been involved in initiatives to improve the provision of services such as physiotherapy, cardiology, ophthalmology and dermatology.

- The practice offered extended hours on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm every weekday apart from Wednesdays when they closed at 1pm. Appointments were from 9am to 11am and then from 4pm to 6pm daily apart from Wednesdays when there was no afternoon clinic. Extended hours appointments were offered from 6pm to 7.30pm on Tuesdays. In addition to appointments that could be booked in advance, urgent appointments were also available for people who needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a copy of the complaints procedure was available on the practice's website. At the time of the inspection, the advertised complaints policy contained reference to the Primary Care Trust, an organisation which has ceased to exist; however, the practice provided evidence following the inspection that they had updated the policy.

The practice had received two complaints in the last 12 months. We found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw evidence that complaints were discussed with staff in order to share any learning.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and objectives for the year ahead, which included developing and improving their service.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Clinical and internal audits were completed and measures put in place to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of those relating to recruitment of staff.

### Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently been formed and had met twice at the time of the inspection; they intended to meet on a six-monthly basis. Members of the PPG told us that the practice had discussed the results of the most recent staff survey with them.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice showed commitment to improving services offered to patients. For example, GPs had been involved in initiatives to improve the provision of services such as physiotherapy, cardiology, ophthalmology and dermatology.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to do all that was reasonably practicable to assess risks to the health and safety of service users and mitigate those risks. In particular they had failed to ensure that suitable background checks had been carried-out on staff prior to employment.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>